Evidence for addition of 19b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04837

FILM No. G 121 JUL -7 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (in this place): 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent + Queen Anne general

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Chestertown~~ Chestertown Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) S (Last) Bowers

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: abt 27, 1903

9. AGE last birthday: 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Petroleum Distributor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kent A Bowers

14. MOTHER'S MAIDEN NAME: Amy Hoffacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Harvey Bowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Possible compression of bronchus by possible aortic aneurysm	6 weeks
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dorsal kyphosis - probably tuberculosis	39 years

19a. DATE OF OPERATION | ~~19b. MAJOR FINDINGS OF OPERATION~~ No further information: seen only in consultation in extremis (7/16/49 A.S.) | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1949, to 5-29, 1949, that I last saw the deceased alive on 5-29, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE: R Dent Warr (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 5-30-49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial | DATE: May 31-49 | NAME OF CEMETERY OR CREMATORY: Crumpton Md | LOCATION (City, town, or county) (State): Crumpton Md

DATE REC'D BY LOCAL REG.: May 30-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR: Edgar L Lane ADDRESS: Church Hill Md

RECEIVED
JUN 1 1949
BUREAU V. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04838

FILM No. G 120 MAY 20 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General -	STREET ADDRESS Calvert (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle)	(Last) Carter	4. DATE OF DEATH	(Month) May (Day) 7, (Year) 1949
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1888 or 1889	9. AGE last birthday 60 or 61 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Cannery	11. BIRTHPLACE (State or foreign country) Kent County Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lemuel Carter	14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 214-12-6974	17. INFORMANT James Carter			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial hemorrhage —	18 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial hypertension	?
	(c)	

331

830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1949, to May 7, 1949, that I last saw the deceased alive on May 7, 1949, and that death occurred at 6 00 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Scott Barr	M.D.	EDST Chestertown Md.	May 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 11, 1949	NAME OF CEMETERY OR CREMATORY Quaker Neck (Col.) Cem.	LOCATION (City, town, or county) near Chestertown, Md. (State)
DATE REC'D BY LOCAL REG. May 9-1949	REGISTRAR'S SIGNATURE Clara S. Barnes.	24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

04839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location) Skinners Neck

3. NAME OF DECEASED (Type or Print): (First) Sue (Middle) Ellen (Last) DuVall

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5/28/49

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: R. Benson DuVall

14. MOTHER'S MAIDEN NAME: FRANCES BENTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 **Immediate cause** (a) asphyxia

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 7½ months

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1949, to 5/29, 1949, that I last saw the deceased alive on 5/29, 1949, and that death occurred at 9:35P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Albert A. Burgard M.D. — Rock Hall, Md — 5/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 30/49 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county) (State): Rock Hall. Md.

DATE REC'D BY LOCAL REG.: May 30/49. — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Elgan L. Lane — ADDRESS: Edmonds Hall Md

VS. A15

RECEIVED
JUN 2 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114840

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Galena; MARYLAND; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Galena; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALONZO (Middle) TABLER (Last) FEARINS

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 30-1892

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Caroline Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Henry Fearins

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Elizabeth Fearins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ventricular fibrillation	10 min.
420.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	1 week
93d	(c) Hyper tensive Cardio Vascular Disease	9 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1949, to May 27, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE C. R. Taylor (Degree or title) MD ADDRESS Centreville, Md DATE SIGNED 5-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 30-49 | NAME OF CEMETERY OR CREMATORY: Chesterfield | LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG.: May 28, 1949 | REGISTRAR'S SIGNATURE: Elizabeth J. Medford | 24. FUNERAL DIRECTOR: Barton Bros. | ADDRESS: Centreville Md

RECEIVED
JUN 1 1949
BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Q.A. Hospital Chestertown Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE near Centreville - COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) Edward (Last) Foster
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Feb 13 1927
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Marine
10b. KIND OF BUSINESS OR INDUSTRY Marine
11. BIRTHPLACE (State or foreign country) Caroline Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Chas Foster
14. MOTHER'S MAIDEN NAME Eva Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) now U.S. Marines
16. SOCIAL SECURITY NO.
17. INFORMANT Eva Cole Foster (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shot through head with rifle. From letter

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) found in his pocket it evidently was

164c (c) suicide.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. He was in auto accident 5/10-49 & received a head injury.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm (CITY OR TOWN) near Centreville Md (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) May 12-1949. 12 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot through head with rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med. Exam 2 A Co Md
ADDRESS Centreville Md
DATE SIGNED 5/13-49.

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF 5-14-49
NAME OF CEMETERY OR CREMATORY ~~[illegible]~~ Chesterfield
LOCATION (City, town, or county) ~~[illegible]~~ Centreville (State) Md
DATE REC'D BY LOCAL REG. May 14-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 16 1949
BUREAU U. S.

Evidence for correction of birth date & age is on:

FILM No. G 120 JUN -8 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114842

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: KENT	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WORTON RTE 2 — LENGTH OF STAY (in this place): 20 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WORTON RTE 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) F.	(Last) GRAVES	4. DATE OF DEATH	(Month) MAY	(Day) 26	(Year) 1949	
5. SEX: MALE	6. COLOR OR RACE: COLORED	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED	8. DATE OF BIRTH: SEPT 6 1884	9. AGE last birthday: 63 62 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WORK	10b. KIND OF BUSINESS OR INDUSTRY: FARMING	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.					
13. FATHER'S NAME: EMORY GRAVES		14. MOTHER'S MAIDEN NAME: SARA REYNOLDS						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: MRS. PEARL GRAVES					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) decompensation, chron Endo-myocarditis

421.4 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March, 19 49, to May 26, 19 49, that I last saw the deceased alive on May 19, 19 49, and that death occurred at 10 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A Burgard	M. D.	Rockhall	5/27/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY 31, 1949	COLEMANS	WORTON RURAL, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27-1949	Clara L. Barnes.	B. P. Fellows	Still Pond, Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

04843

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville - rural
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) LAIRD (Last) IVES

4. DATE OF DEATH (Month) MAY (Day) 14 (Year) 1949

5. SEX Female

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Feb 1, 1903

9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Glenolden, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George S. Laird, Sr.

14. MOTHER'S MAIDEN NAME Rebecca Rively

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 173-05-5188

17. INFORMANT Mr. George Ives

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cacchexia & pleural effusion - bilateral	5 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis - primary in lung	8 months
	(c)	

162

4/d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION X

19b. MAJOR FINDINGS OF OPERATION X

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) X

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) X (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X m.

INJURY OCCURRED While at Work ☐ X Not While At work ☐

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from April 5, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 9 20 P m., from the causes and on the date stated above.

SIGNATURE R. Burt W. Farr (Degree or title) ADDRESS E.D.S.R. DATE SIGNED May 14, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE May 17, 1949

NAME OF CEMETERY OR CREMATORY Methodist Churchyard

LOCATION (City, town, or county) Kennedyville (State) Md.

DATE REC'D BY LOCAL REG. May 16-1949

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

RECEIVED
MAY 18 1949
BUREAU V. S.

04844

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) several yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Marie Opalene Liveley
4. DATE OF DEATH (Month) (Day) (Year): May 16.1949 19

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28.1926
9. AGE last birthday: 22 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Queen Anne Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Elliott
14. MOTHER'S MAIDEN NAME: Reba Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: George Elliott Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Embolism Coranary — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY None m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection #, Inquiry # thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes #, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Frank Hines Md (Degree or title) Deputy Med. Exam. ADDRESS Chestertown Md. Kent Co Md. DATE SIGNED May 17.1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 19, 1949
NAME OF CEMETERY OR CREMATORY: Pondtown (col) Cem
LOCATION (City, town, or county): Pondtown Queen Anne Co. Md. (State)

DATE REC'D BY LOCAL REG.: May 18-1949
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS -Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 20 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04845

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Rock Hall - Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rock Hall COUNTY Kent Co Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marian (Middle) Thomas (Last) Miller

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) married
8. DATE OF BIRTH May 29 1871
9. AGE last birthday 77 yrs. If under 1 year: Months 11, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (State or foreign country) Rock Hall Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William M Miller
14. MOTHER'S MAIDEN NAME Mollie Maslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Julia Miller - Mfr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Secondary Anemia.	2 month
Antecedent cause(s)	(b) Carcinoma of Prostate Gland	2 yrs +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

177
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION Cancer of Prostate
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to May 10, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 2.15 A.m., from the causes and on the date stated above.

SIGNATURE Frank W Smith (Degree or title) ADDRESS Chestertown DATE SIGNED May 11/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE May 14 49
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
LOCATION (City, town, or county) Rock Hall Kent (State) Md

DATE REC'D BY LOCAL REG. 5/11/49
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

RECEIVED
MAY 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04846

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edesville; LENGTH OF STAY (In this place) All yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizebeth (Last) Murray

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 22 1896

9. AGE last birthday: About 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Anna Cann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Rachel Murray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Embolism

4214 Antecedent cause(s) (b) Phlebitis, Chron. Endo-Myocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

92d (c) Gallbladder disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert H. Burgard M.D. ADDRESS: Rockhall Md DATE SIGNED: May 23/49

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: May 24-49 NAME OF CEMETERY OR CREMATORY: Worton Pk. LOCATION (City, town, or county): Worton (State): Md

DATE RECD BY LOCAL REG.: May 23/49 REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Lewis A. Henry. ADDRESS: Centreville Md.

1949
53
1896

RECEIVED
JUN 13 1949
BUREAU V. S.

Evidence for change in age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

114847

FILM No. G 120 MAY 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Worton Kent Co Rural MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Worton Md Rural
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Fountain Worton md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Nash	May	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months.	1 year Days	If under 24 hrs. Hours	Min.
Male	colored	married	about June 27 1885	63 ~~65~~ yrs.	11	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming work	Farm	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Nash	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	no	220-03-0697	anna Nash

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia + carcinomatosis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of recto sigmoid colon	1 year
	(c)	

154
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
about Oct 5th 1948	Carcinoma of recto sigmoid, extension to urinary bladder + metastasis to regional lymph	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 21, 1948, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Stuart Farr	M.D	Chestertown	5-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20 1949	Fountain	Fountain Worton Rural md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 19-1949	Clara L. Barnes.	B R Pellows	Still Pond md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 21 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14848

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 2 yrs.; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Annes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural give location) High Street

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Bates (Last) Nicholson

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 1, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Ice Plant

10b. KIND OF BUSINESS OR INDUSTRY: Ice Manufacturing

11. BIRTHPLACE (State or foreign country): Chestertown, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Gleason Nicholson

14. MOTHER'S MAIDEN NAME: Laura Lusby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis; myocardial degeneration — Interval between onset and death: 2 years

422.2 Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular fibrillation — 6 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the sigmoid colon - operated — 1 year

19a. DATE OF OPERATION: 1-14-49

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma recto-sigmoid junction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1949, to 5-18, 1949, that I last saw the deceased alive on 5-18, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE: A. C. Dick (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 5-20-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE: 5/21/49 NAME OF CEMETERY OR CREMATORY: CHESTER LOCATION (City, town, or county): Chestertown (State): Md.

DATE REC'D BY LOCAL REG.: May 20-1949 REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: Chestertown, md.

VS. A15

RECEIVED
MAY 23 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(4849)

CERTIFICATE OF DEATH

Reg. Dist. No. L-021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Norton Md
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Norton Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Norton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Pondexter

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: June – 188[illegible]

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seasonal work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Near Still Pond Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Pondexter

14. MOTHER'S MAIDEN NAME: Mary Louise Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY No.

17. INFORMANT: Bessie Pondexter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chron Endo-Myocarditis, Arteriosclerosis

Antecedent cause(s)

443 92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Grippe, Bronchitis Pleurisy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 19[illegible]9, to 5/7, 19[illegible]9, that I last saw the deceased alive on 5/6, 19[illegible]9, and that death occurred at about 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert A. Dorgerd M. D. Rock Hall 5/12/49

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE: May 13 1949

NAME OF CEMETERY OR CREMATORY: Mt Zion Cemetery

LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: May 12-1949

REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR ADDRESS: B R Fellows Still Pond Md

VS.A15

RECEIVED
MAY 14 1949
BUREAU V. S.

04850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Chestertown Kent Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent 2-A Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Chestertown COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown Md
STREET ADDRESS (If rural give location) 112 Collage ave

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) (Last) Pryor
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1949
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, ~~MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 5/8-1879
9. AGE last birthday 70 yrs. | If under 1 year Months 0 Days 3 | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Huckster
11. BIRTHPLACE (State or foreign country) Middletown Del
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jacob Pryor.
14. MOTHER'S MAIDEN NAME Anna Blackston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Possibly Cardiac embolism.

818.5 Antecedent cause(s) (b) He was struck by auto while driving his horse + wagon on State highway - received dislocation of right ankle - fracture of left femur + abrasions on face - neck + back.

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. He was injured May 6-1949

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway near Chestertown (CITY OR TOWN) Kent (COUNTY) Md (STATE)
TIME OF INJURY (Month) May (Day) 6 (Year) 1949 (Hour) m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? Struck by auto.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9.55 a.m., from the causes and on the date stated above.

SIGNATURE W. Henry Fisher (Degree or title) Deputy Med Exam 2-A C. Md ADDRESS Centreville Md DATE SIGNED May 11-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 5-14-49 | NAME OF CEMETERY OR CREMATORY Butlertown | LOCATION (City, town, or county) Chestertown - (Rural) (State) Md

DATE REC'D BY LOCAL REG. May 12-1949 | REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - per Jessie H. Usilton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1949
BUREAU V. S.

04851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY Kent Co Kennedyville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Kennedyville Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville Md — LENGTH OF STAY (in this place) 50 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Eliza (Middle) — (Last) Schofield				4. DATE OF DEATH (Month) May (Day) 11 (Year) 1949	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Abroad unknown 1878	9. AGE last birthday 71 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cannery & homes	10b. KIND OF BUSINESS OR INDUSTRY canneries	11. BIRTHPLACE (State or foreign country) Caroline Co Md	12. CITIZEN OF WHAT COUNTRY? Kent		
13. FATHER'S NAME Perry Duckery		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT George Schofield.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris

420.2 Antecedent cause(s)

94b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Indigestion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 11, 1949 to ....., 19....., that I last saw the deceased alive on May 11, 1949, and that death occurred at 9.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	Still Pond	May 12th 49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Buried	DATE May 14 1949	NAME OF CEMETERY OR ~~CREMATORY~~ Coleman Mt. Zion	LOCATION (City, town, or county) (State) ~~Still Pond~~ Rural Md
DATE REC'D BY LOCAL REG. May 12-1949	REGISTRAR'S SIGNATURE Clara S. Barnes.	24. FUNERAL DIRECTOR B R Fellows.	ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04852

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Massey Md. LENGTH OF STAY (in this place) 5 years. HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. STREET ADDRESS (If rural give location) near Massey Maryland.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Andrew (Last) Summ

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/27/1861

9. AGE last birthday: 88 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John N. Summ

14. MOTHER'S MAIDEN NAME: Annie (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Sophia Summ.- Massey, Md R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, general — Interval between onset and death: 40 yrs

Antecedent cause(s) 450.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97 (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 9 30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Theodore F Paprocki MD Galena Md 5-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE: 5/17/49. NAME OF CEMETERY OR CREMATORY: Odd Fellows cem. LOCATION (City, town, or county) (State): Smyrna Del.

DATE REC'D BY LOCAL REG.: May 16-49. REGISTRAR'S SIGNATURE: Edward Fellows.

24. FUNERAL DIRECTOR ADDRESS: J. Wells Farris Smyrna, Del.

RECEIVED
MAY 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04853

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) High St.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 28, 1875

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alex. Taylor

14. MOTHER'S MAIDEN NAME: Sarah Patrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Charlotte Taylor Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Chronic Endo-Myocarditis, decompensation

Antecedent cause(s)

922 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, Hypertension

(c) chron Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 19 49, to 5/29, 19 49, that I last saw the deceased alive on 5/29, 19 49, and that death occurred at 4 30P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert A. Burgard M.D. Rock Hall, Md 5/30/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 1, 1949 | NAME OF CEMETERY OR CREMATORY Chester Cem. | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. May 31-1949 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells Chestertown, Md.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04854

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Water St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B. (Last) Usilton, Jr.

4. DATE OF DEATH: (Month) May (Day) 20, (Year) I949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug. 22, I869

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Kent. Co. Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William B. Usilton

14. MOTHER'S MAIDEN NAME: Mary Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wm. B. Usilton III

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coma — 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

450.0
97

(b) Cortico sclerosis — 1 yr

(c) — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. degeneration of cortical cells

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 11.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) I G Simpson — ADDRESS Chestertown — DATE SIGNED 5 22 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 23, I949 — NAME OF CEMETERY OR CREMATORY: Chester Cem — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: May 22-1949 — REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells- Chestertown, Md.

RECEIVED
MAY 24 1949
BUREAU V. S.